FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS	
CAMPAIGN TREASURER'S REPORT SUMMARY	
(1) RONALD (2) Candidate, Committee or Party Name (2)  (3) 3927 HARDEN AUR NULL H.B. Fla., 33/40  (4) Check box if address has changed since last report (4) Check appropriate box(es):    Candidate (office sought):	
(5) REPORT IDENTIFIERS	
Cover Period: From	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 1,470, 60	Monetary \$1,360,00
Loans \$,,	Transfers to Office Account \$
Total Monetary \$,,	Total Monetary \$,
In-kind \$	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date
(11) CERTIFICATION  It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)	
I certify that I have examined this report and it is true, correct and complete  Name of Treasurer Deput Treasurer  Signature	Name of Candidate Chairman (PC/PTY Only) Signature
DS-DE 12 (7/98)  SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES PAGE 1 8 3	

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS (2) I.D. Number \_\_\_\_ (1) Name \_\_\_ (4) Page \_ 100 through (3) Cover Period \_\_\_ (9) (10) (12)(8) (5) Date Full Name Contributor (Last, Suffix, First, Middle) (6) In-kind Street Address & Contribution Sequence Description Amendment **Amount** City, State, Zip Code Type Occupation Type Number JOA CHE

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

PAGE 293

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number (4) Page (11) (10) (9) (7)(5) **Purpose** Date Full Name (add office sought if (Last, Suffix, First, Middle) Expenditure (6) contribution to a Street Address & Sequence Type Amount **Amendment** candidate) City, State, Zip Code Number

PAGE 3 of 3